

PBHCI Client Checklist

Your Name: _____

Enrollment Month: _____

Checklist only covers required measures - it does not include the ongoing documentation expected, which will be different for everyone. Client enrollment may exceed 12 months. **Tasks expected to be completed within 14 days post client consent. Enrollment will be counted upon completion and documentation of all tasks.**

Client #	Baseline *NOMS REQUIRED	3 Month	6 Month *NOMS REQUIRED	9 Month	12Month/DC *NOMS REQUIRED	Client #	Baseline *NOMS REQUIRED	3 Month	6 Month *NOMS REQUIRED	9 Month	12Month/DC *NOMS REQUIRED
Doc Client Consent						Doc Client Consent					
Vitals						Vitals					
MBS/HIV & HEP test			MBS Only			MBS/HIV & HEP test			MBS Only		
CO Level						CO Level					
SMART goal		Document ongoing work				SMART goal		Document ongoing work			
PCP?						PCP?					
Referrals PRN						Referrals PRN					
ER/Hosp						ER/Hosp					
NOMS						NOMS					
Email EL&DM When Done						Email EL&DM When Done					

Check = Documentation Complete

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